City of Auburn

60 Court St Auburn ME 04210

Phone: (207) 333-6600 Fax: (207) 333-6623

NEW-Application for License to Drive Taxicab

* IMPORTANT NOTE: You must obtain your license in the City of Lewiston before you can obtain one in the City of Auburn.

I, the undersigned, respectfully make application for a license to drive a taxicab in the City of Auburn, Maine.

NAME:	BIRTHPLACE:
ADDRESS:	
CITY/ZIP:	TELEPHONE:
AGE:	_DATE OF BIRTH:
HEIGHT:WEIGHT:	EYES:HAIR:
ME. DRIVER'S LIC.#:	EXPIRATION DATE:
EMPLOYED BY:	
References: (Give names of through to furnish inform	ee responsible persons other than relatives who know ation about you)
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
CRIMINAL RECORD : (List all or Municipal Ordinances):	convictions for offense against Federal or State Laws
In making this application, I am w understood to become a part of thi	illing to submit to fingerprinting, which record shall be application.
Sign:	Date:
For Office use Only:	

License #:

Year:

Fee: \$25.00

Date: